CITY OF TORONTO
PLANNING AND DEVELOPMENT DEPARTMENT

651/01334-1
C&N West Central
September 30, 1982

To: Land Use Committee and Neighbourhoods Committee

Subject: Residential and Crisis Care Facilities By-law Review: Final Report

Origin: City Council, July 8, 1982. (c711uc82543:129)

Comments:

1. Introduction

At its meeting of July 8, 1982 Council requested:

> "that the Commissioner of Planning and Development review the effect of By-law 332-78 to 335-78 (Residential and Crisis Care Facilities) inclusive in terms of achieving Council's objectives so that he can report to the Land Use Committee in September, 1982 and at the same time also report on a by-law pursuant to Section 236 of The Municipal Act."

On September 20 and 21, 1982 the Land Use and Neighbourhoods Committees considered my Interim Report on these matters dated September 17, 1982. In that report I enumerated the various requests of Council and Committees relating to residential facilities and I outlined the status of responses to them.

2. Performance of the Residential and Crisis Care Facilities By-law in Achieving the Objectives of Council

The following excerpts from the Potential Effects section of Report No. 1 of the Mayor's Working Committee on Group Homes, 1978 express the objectives of the subject by-law:

> "The policies put forward in this report would have a number of effects. Obviously the policies are intended to distribute Residential Care Facilities equitably throughout all residential areas, and limit hostels or Crisis Care Facilities to the more public and commercial areas of the City.
>
> The report attempts to address the issues of neighbourhood fears and anxieties and to explain why neighbourhood review of each facility (rezoning being the only mechanism) is unworkable. City policy must be comprehensive in that service providers and

neighbourhoods know what to expect. The Committee expects that it will be increasingly difficult for the funders and providers of service to continue to ignore the concerns of neighbourhoods. The Committee feels strongly that particularly the Province, the major funder of residential care programs, must be highly responsive to neighbourhood concerns. The Province must accompany its commitment to decreasing its use of the institutions through greater use of community-based facilities with funds, standards and direction to ensure that neighbourhoods are protected."

As I have stated in my August 3, 1982 communication to members of Council and in my Interim Report, the main objective of equitable distribution of residential care facilities is being met, gradually over time. The attached chart entitled City and Ward Residential Care Facilities Profile: September, 1982 clearly shows this trend (see Appendix 1).

3. Registration By-law and Procedure

I reported in my Interim Report that my staff had surveyed other Ontario municipalities respecting registration and were conferring with Buildings and Inspections and Legal Department staff. I am continuing with such discussions and will be reporting to your Committees on a draft by-law and registration procedure as soon as possible.

4. Community Education

It became apparent throughout this past summer that much of the community at large is unaware of the purpose and nature of residential care facilities. This has created fear and resentment in some neighbourhoods where the intention to establish a residential care facility has become known. Consequently, at its meting of September 9, 1982 Council requested:

"that the Commissioner of Planning and Development report to the Neighbourhoods Committee at an early date on how the City might go about better preparing neighbourhoods to receive group homes."

My response to this request has not been finalized; however, I can report at this time that my staff have completed preliminary work on a Residential Care Facilities Handbook. The concept of the handbook deals with basic educational information in addition to the rules and regulations governing group homes. It also covers a how-to approach for individuals, residents' associations, government and social agency officials, operators and consumers.

I believe that an extensive circulation and regular updating of such a handbook would go a long way toward overcoming current misunderstandings and misconceptions. I will report in greater detail on a Residential Care Facilities Handbook and how this concept will help to achieve Council's objective.

5. The Metropolitan Situation

Although I have reported that the City's Residential and Crisis Care Facilities By-law is performing accordingly to the objectives of Council, the same cannot be reported for the performance of the Metropolitan policy on this matter. The attached charts entitled Metropolitan Toronto Group Homes Profile: September, 1982 and Group Homes Policies of Local Municipalities in Metropolitan Toronto document the situation (see Appendices 2 and 3).

The City of Toronto with 28.0% of the Metropolitan population, has 57.6% of the group home beds. North York, for example, with 25.2% of the Metropolitan population, has 3.7% of the group home beds.

The City of Toronto is the only Metropolitan local municipality with an as-of-right group homes zoning policy - that is, all types of group homes permitted in all residential districts. Etobicoke, for example, does not permit and does not propose to permit any type of group home in residential districts as-of-right, only via rezoning.

From a different perspective, though, the suburban group homes profile becomes more complex. For example, North York with the lowest bed ratio (number of group home beds per every 1,000 population) has the most permissive zoning by-law. It permits most types of group homes in all residential districts. Etobicoke, on the other hand, with the most restrictive zoning in the Metro area, has actually a larger percentage of Metro group home beds than it has Metro population.

The suburban municipalities do not differ entirely in their positions on group homes. For example, North York, East York and York either in existing or proposed legislation, make a clear distinction between group homes for seniors, children, the mentally retarded and (ex)psychiatric patients, and those group homes which they have labelled custodial care facilities. These include group homes for offenders, ex-offenders, juvenile delinquents and drug addicts.

The duel inequities of current group home distribution and accessibility still exist but their causes and resolutions are very complex.

The failure of the Metro group homes policy is not a simple case of the suburban municipalities not accepting their fair share of the responsibilities for supportive housing and deinstitutionalization aftercare. Historical development patterns, building typology, proximity to support services, actions and attitutdes of local social service agencies, neighbourhood and political sensibilities and many other factors influence a community's receptivity and capacity for alternative living arrangements. This was made very clear by the Metropolitan Toronto Social Planning Council's publication entitled Suburbs in Transition. This has recently been reiterated by the Metropolitan Toronto District Health Council's report on community dialogue meetings held this past August on the subject of "A Community Support System for Health Care". In its September, 1982 summary of these meetings on the topic of supportive housing, it states in point:

> "It was suggested that there is an apparent lack of understanding among service agencies of the municipalities' restrictions on residential land usage with the result that some of them attempt to impose housing programs upon municipal governments. Many agencies have been unsuccessful in this process and have given up trying to establish group homes in the suburbs. This has forced many agencies to houes their clients within the City of Toronto ...
>
> A coalition of service providers, planners and government officials should be formed to promote supportive housing programs at the local level.
>
> It was generally agreed that the biggest current obstacle to supportive housing is the hostility of neighbourhoods. A concerted campaign to convince people of the workability of these programs is the only way to gain their acceptance. This calls for education, responsible journalism and open dialogue between service agencies and community representatives."

6. Provincial Policy

Another finding of the District Health Council is the level of commitment to a comprehensive policy on supportive housing. Its summary states:

> "There is no Provincial Government commitment to develop a comprehensive policy regarding community supportive housing ... while the Ministry of Health has said it is willing to fund community-based, supportive housing

programs, it has made little effort to develop a policy on the provision of supportive housing services nor has it formulated any strategy to promote their acceptance by local communities."

The controversy over residential care facilities, boarding or lodging houses and other residential facilities in the City of Toronto and across Metropolitan Toronto has resulted from poor planning and the lack of follow-up by the Provincial Government's deinstitutionalization policy and related programmes. An unfortunate consequence of this is the current backlash against supportive housing facilities, which are not the problem nor the cause of the problem. Future actions by City Council, the suburban municipalities and Metropolitan Council should be directed at changing Provincial deinstitutionalization policies and programmes as they affect local communities.

Conclusion:

This is my Final General Report on the Residential and Crisis Care Facilities By-law Review. It is my opinion that Council's objectives regarding the distribution of these types of residential uses are being met. To affect proper regulation of residential and crisis care facilities, I am developing a registration by-law and procedure as requested by Council. To affect a community education programme on the topic of supportive housing, I am developing a Residential Care Facilities Handbook.

Although parties have alleged that the problem with group homes is their rejection by suburban municipalities, I have suggested in this report that the Metropolitan situation is complex. Furthermore, some positive steps have been taken by some municipalities. The real problem lies with Provincial deinstitutionalization policies which are not providing adequate support services. In my opinion, this is the area where local municipal, and Metropolitan actions should be directed.

Recommendation:

That this report be received.

Stephen G. McLaughlin
Commissioner

BH/pmw

Land Use Committee
Neighbourhoods Committee

September 30, 1982

Appendix 1

City and Ward Residential Care Facilities Profile: September, 1982

Ward	Homes	Beds	Opened Since 1978	Closed Since 1978	Net Change
1	5	48	2	3	-1
2	12	134	1	2	-2
3	4	35	0	0	0
4	4	43	3	1	+2
5	18	181	0	1	-1
6	9	163	0	4	-4
7	12	171	3	2	1
8	1	99	4	0	+4
9	6	41	1	0	+1
10	2	12	0	0	0
11	3	30	1	0	+1
City	86	957	15	14	+1

METROPOLITAN TORONTO GROUP HOME PROFILE: September, 1982

Municipality	Population	% of Metro Pop.	# of Grp. Hms.	# of Beds	% of Homes in Metro	% of Beds in Metro	Bed Ratio (Beds/1000 Pop.)
City of Toronto	599,217	28.0	93	986	62.0	57.6	1.65
East York	101,974	4.8	10	131	6.7	7.6	1.28
Etobicoke	298,713	13.0	16	233	10.7	13.6	.78
North York	559,521	26.2	5	64	3.3	3.7	.11
Scarborough	443,353	20.7	20	249	13.3	14.6	.56
York	134,617	6.3	6	48	4.0	2.8	.36
Metro	2,137,395		150	1,711			.80

N.B. City of Toronto figures include group homes with 3 to 5 residents which are <u>not</u> defined as "residential care facilities" in the Zoning By-law.

All municipalities' figures include group homes with more than 10 residents and which are legal non-conforming uses in this respect.

Prepared by the City of Toronto Planning and Development Department

APPENDIX 2

POOR

QUALITY

ORIGINAL